

12-18-01

A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Euteneuer et al.

Serial No.: Unknown

Examiner: Unknown

Filing Date: December 13, 2001

Group Art Unit: Unknown

For: HYDRAULIC CONTROLLED RETRACTABLE TIP FILTER RETRIEVAL
CATHETER

Docket No.: 1001.1517101

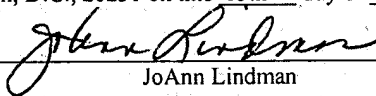
TRANSMITTAL SHEET

The Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EL811912875US, in an envelope addressed to: BOX APPLICATION, Assistant Commissioner for Patents, Washington, D.C., 20231 on this 13th day of December, 2001.

By


JoAnn Lindman

We are transmitting herewith the attached Patent Application including the following:

☒ 8 sheet(s) of specification.

☒ 12 claim(s).

☒ 1 sheet(s) of Abstract.

☒ 4 sheet(s) of formal drawings.

☒ Executed Declaration and Power of Attorney.

☐ A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

☒ An Assignment of the invention to SCIMED LIFE SYSTEMS, INC. is being filed contemporaneous with this patent application.

☐ A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.

12/13/01
JC984 U.S. PTO

JC979 U.S. PTO
10/017877
12/13/01

10017877-12/13/01

| CLAIMS AS FILED | | | | | | |
|--|---------|---------|--------------|-------|----------|-------|
| | (1) | (2) | SMALL ENTITY | | OTHER | |
| FOR: | # FILED | # EXTRA | Rate | Fee | Rate | Fee |
| BASIC FEE | | | | \$370 | | \$740 |
| TOTAL CLAIMS | 12-20 = | 0 | x9= | \$ | x18= | \$ |
| INDEPENDENT CLAIMS | 3-3 = | 0 | x42= | \$ | x84= | \$ |
| () MULTIPLE DEPENDENT CLAIM PRESENTED | | | +140= | \$ | +280= | \$ |
| TOTAL | | | \$ | | \$740.00 | |

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____.

[X] A check in the amount of \$ 740.00 is enclosed.

[X] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: _____

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